DEPARTMENT OF HEALTH AND FAMILY SERVICES
Division of Public Health
DPH 4672 (Rev. 09/03)

STATE OF WISCONSIN
Bureau of Family & Community Health
WIC Program
Federal Reg. 246

INFANT QUESTIONNAIRE

(Up to 12 months of age)

Participation in WIC is voluntary. Personally identifiable information is used to determine WIC eligibility and may be disclosed to others only as allowed by state and federal laws.

INSTRUCTIONS: Please check your answer or fill in the blank. If you don't know an answer, leave it blank.

Baby's First and Last Name _____ Today's Date _____

Baby's Birth Date _____ Where has baby been on WIC before? _____

Your First and Last Name _____

Are you the baby's: ☐ Parent ☐ Grandparent ☐ Foster Parent ☐ Other (relationship) _____

For the mother (or person who takes care of the baby most of the time), what was the last grade completed in school, if known (GED = 12th grade)? _____ Age of person that cares for baby most of the time _____

1. Check the programs under which the baby is covered or uses:

☐ Kinship Care, W-2, TANF	(a)	☐ Child Care Food or Summer Food Program	(d)
☐ Food Stamps or Commodity Foods	(c)	☐ *Birth to Three Program/Early Intervention*	(h)
☐ Health Check (EPSDT)	(g)	☐ Extension Nutrition Education Program (EFNEP or FNP)	(j)
☐ *Regional Children with Special Health Care Needs Centers*		☐ *Foster Care*	(n)
☐ *SSI or Katie Beckett*	(b)	☐ *Home Health Care*	(t)
☐ Case Management/Care Coordination	(p/q)	☐ Other _____	

2. Check how baby's health care is paid for:

☐ Medicaid/Healthy Start/Badger Care	(a)	☐ No insurance	(g)
☐ Insurance - co-pay or deductible	(f)	☐ Indian Health or Migrant Health	(c)
☐ Insurance with exclusions or restrictions	(h)	☐ Other government source	(d)
☐ Insurance - full coverage	(e)		

3. *What was baby's due date?* _____

4. How many months was the mother on WIC during this pregnancy? _____ Months ☐ Not on WIC

   How much weight did the mother gain during the pregnancy? _____ Pounds ☐ Don't know

   Did the mother have any health problems during this pregnancy? ☐ Yes ☐ No

5. Was baby a twin or multiple birth? ☐ Yes ☐ No

6. *What did baby weigh at birth?* _____ What was baby's length at birth? _____

7. Is baby breastfed? ☐ Yes ☐ No

8. If baby was breastfed, when wast the last time the baby received breastmilk? _____

9. Name of baby's doctor _____ Clinic _____

10. When was the baby's last health care visit or check-up? _____

11. Does baby have a health problem? ☐ Yes ☐ No

If yes, check any health problems baby has:

☐ *Food allergy*
☐ Lactose intolerance
☐ *Heart problem*
☐ *Kidney problem*
☐ *Cerebral palsy*
☐ *Unrepaired cleft lip/palate*
☐ *Down syndrome*
☐ *HIV/AIDS*
☐ *Asthma*
☐ *Blood problem*
☐ *Cystic fibrosis*
☐ *Requires tube feeding*
☐ *Fetal alcohol syndrome, drug exposure*
☐ *Born 4 or more weeks early*
☐ *Lung problem*
☐ *Other* _____

Is baby going to a special doctor, therapist, or dietitian for a health problem? ☐ Yes ☐ No

If yes, who is baby seeing? _____

12. *Has baby had a serious illness, injury, burn, surgery, or poisoning?* ☐ Yes ☐ No

13. Check any of these that are problems for baby most of the time:

☐ Constipation
☐ Diarrhea
☐ Vomiting
☐ Stomach pains or gas
☐ Ear infections
☐ Other _____

14. Does baby take prescribed medicine? ☐ Yes ☐ No

If yes, what medicine is baby given? _____

15. Is baby given any of the following:

☐ Diarrhea medicine
☐ Home remedies
☐ Laxatives
☐ Other supplements or medicines _____
☐ Herbs

16. Is baby taking a vitamin or mineral supplement? ☐ Yes ☐ No If yes, baby takes _____

17. Does baby eat (or try to eat) dirt, plaster, paint chips or other non-food items? ☐ Yes ☐ No

If yes, what does baby try to eat? _____

18. Does anyone who lives in the baby's home smoke? ☐ Yes ☐ No

19. Check the topics below for which you would like more information:

☐ Where to get health care for my baby/me
☐ Immunization shots
☐ Well water test
☐ Blood lead test

INFANT'S FOOD RECORD

Baby's Name _____ Today's Date _____

INSTRUCTIONS: For the last 24 hours, write down everything baby ate or drank (meals and snacks). Start with the first morning feeding yesterday, to the first morning feeding today.

TIME	PLACE	AMOUNT AND FOOD/BEVERAGE EATEN
EXAMPLE: 3:00 a.m. 7:00 a.m. 9:00 a.m. etc.	 home home sitter	 breastfed breastfed 3 ounces formula, concentrate (made with one can of concentrate and one can of water)

Office Use Only: oz. formula: #BF: Bread: Frt: Veg: Milk: Meat:

1. Is this the way your baby eats most of the time? ☐ Yes ☐ No

   If no, why not? _____

2. If baby drinks formula, what is the name of the formula the baby drinks? _____

   What kind of water is used to make formula? ☐ Hot tap ☐ Cold tap ☐ Boiled ☐ Bottled

   How often in a day (24 hours) is formula made? _____

   How much formula is made at one time? _____

   How much is put in each bottle? _____

   How much is usually left at the end of a feeding? _____

   Are bottles and nipples: ☐ Boiled ☐ Cleaned in a dishwasher ☐ Handwashed

   Do you clean the formula can before it is opened? ☐ Yes ☐ No ☐ Sometimes

   Is baby held while being fed formula from a bottle? ☐ Yes ☐ No ☐ Sometimes

   Who feeds baby most of the time? _____

3. How does the baby show that she or he is hungry? _____

4. How does baby show that he or she is full or does not want any more to eat? _____

5. At what age did baby first get:
   Formula _____ ☐ None
   Baby cereal _____ months ☐ None yet
   Baby food _____ months ☐ None yet
   Juice _____ months ☐ None yet

6. What is fed to baby in a bottle:
   ☐ Breastmilk ☐ Formula ☐ Juices ☐ Water
   ☐ Cereal ☐ Milk ☐ Soda pop ☐ Tea
   ☐ Flavored drink mix ☐ Gelatin or sugar water
   ☐ Other _____

7. Check any problems baby has during feedings:

   ☐ *Chokes and gags* ☐ Is a fussy eater ☐ Other _____

8. Are any of these added to baby's food? ☐ Butter/margarine ☐ Salt ☐ Sugar
   ☐ Honey ☐ Syrup ☐ Other _____

9. If you are short of money and need baby food or formula, what do you do? _____

10. Who buys baby's food? _____ Who prepares baby's food? _____

11. Check the working appliances you have to make and store food: ☐ Stove ☐ Refrigerator

    ☐ Microwave ☐ Blender or food grinder

12. Do you put the baby to bed with a bottle or prop the bottle? ☐ Yes ☐ No ☐ Sometimes

13. Does baby drink from a cup? ☐ Yes ☐ No ☐ Sometimes

14. Is food put in the bottle or a push (syringe type) feeder? ☐ Yes ☐ No ☐ Sometimes

15. Is anything (such as honey, jelly, or other food) used on or in a pacifier? ☐ Yes ☐ No

16. Where does baby's drinking water come from? ☐ Well ☐ City water ☐ Bottled water ☐ Don't know

    If well water, when was the last time it was tested? _____

17. How often does baby go to a babysitter or day care? _____ days a week _____ hours per day _____ never

    If baby goes to a sitter or day care, are meals/food provided? ☐ Yes ☐ No

18. Check the topics for which you would like more information:

    ☐ Making and storing formula
    ☐ Making your own baby food